

<b>Original Date:</b>
<b>Dates Revised:</b>

# MDEQ GASEOUS CHLORINE REDUCTION PROGRAM

All questions contained in this questionnaire are strictly confidential.

<b>Facility Name:</b>	<b>Unique_ID:</b>
<b>Facility Type:</b> <input type="checkbox"/> Water <input type="checkbox"/> Wastewater	<b>Capacity MGD (Design/Peak Summer/Winter Average):</b>
<b>Interviewer(s) :</b>	
<b>Interviewee(s):</b>	

## INITIAL CONTACT

<b>How contacted:</b> <input type="checkbox"/> Phone Call <input type="checkbox"/> Individual Meeting <input type="checkbox"/> Group Meeting    Location: _____		
<b>Level of Interest</b> (Select all that apply, add notes)	<input type="checkbox"/> Refused to meet	<input type="checkbox"/> Positive interest
	<input type="checkbox"/> Already converted	<input type="checkbox"/> Send information
	<input type="checkbox"/> Plan to convert	<input type="checkbox"/> Follow Up Meeting/Call                      Date: _____
<b>Current Chlorine Usage</b>		
<b>What type of containers do you use:</b> <input type="checkbox"/> 150# Bottles <input type="checkbox"/> 1 Ton Cylinders <input type="checkbox"/> Rail Cars : _____		
<b>How much do you use?</b>	Average_Flow:	Summer:
	Maximum_Month:	Winter:
<b>Storage</b>	Maximum_Inventory_Onsite:	Maximum_Delivery_Order:
	Minimum_Inventory_Onsite:	Minimum_Delivery_Order:
Notes:		
<b>Regulatory Issues</b>		
<b>Which documents have you prepared?</b> <input type="checkbox"/> Process Safety Management (PSM) <input type="checkbox"/> Risk Management Plan (RMP) <input type="checkbox"/> Other : _____		
<b>Have you ever had a chlorine gas release?</b>	Date:	Impact to non-staff:
	Impact to staff:	Other:
<b>What facilities are likely to be impacted by a catastrophic release?</b>	Schools/Hospitals/Stadiums/Theaters:	Residences:
	Worst Case Radius/Population Impact      _____casualties Estimates: _____miles                      _____fatalities	Commercial/Industrial:
Notes:		
<b>Would you like more information on chlorine gas risks?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No

Please turn to next page

<b>Have you ever considered alternative disinfection technologies?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Yes/No</b>	<b>Technology</b>	<b>When did you consider/ why not implemented?</b>	
<input type="checkbox"/> Yes	Hypochlorite – bulk delivery		
<input type="checkbox"/> Yes	Hypochlorite – on-site generation		
<input type="checkbox"/> Yes	Ultraviolet		
<input type="checkbox"/> Yes	Ozone		
<input type="checkbox"/> Yes	Combined chlorine (chloramine)		
<input type="checkbox"/> Yes	Chlorine dioxide		
<input type="checkbox"/> Yes	MiOX		
Other			
<b>What are the obstacles you see to converting to an alternative disinfection technology? (please rank)</b>			
<b>Rank</b>	<b>Reason</b>	<b>Notes</b>	
	Cost-Capital		
	Cost-O&M		
	Cost-Labor		
	Disinfection byproduct concerns		
	Contaminant concern (impure chemicals)		
	Effectiveness of alternative		
	Complexity of alternative		
	Risk of chlorine gas is acceptable to community		
	Risk of chlorine gas is acceptable to elected officials		
	Other		
<b>Will you consider alternatives in the future?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Facility/Political/Community – have any of the following expressed concerns with chlorine gas? If so, please describe.		
Facility staff/management	City Council/Mayor/City Manager	Community Organizations/Citizens
<b>What factors need to happen before you would seriously consider a change?</b>		
Regulations:		
Costs:		
Other:		

<b>FOLLOW UP INFORMATION</b>
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Are you aware of the MDEQ chlorine gas website?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you like the chlorine gas risk sheets sent to you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you like a copy of the chlorine gas risk presentation for your use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you like a follow up meeting or call with MDEQ or the consultant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No